U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Officia	I Use Only
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1. File Number U - 1207

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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Name and address of person filing.		4. Name	file number, and ad		Tourism Consoluti	Kerner	
Name PATRICK A DONAHUE		Name	LOCAL UNION 1	NO. 488 IBE	e w		
		Labor	Organization File Nu	mber 030-3	09		
P.O. Box, Bldg., Room No., if any		P.O. B	ox, Building and Roc	m Number, if ar	ny		
Street 11 BALDWIN RD		Street	501 MAIN STRE	EET	ar mar e e e e e e e e e e e e e e e e e e e	and helpman description of the second se	
City NEWTOWN		City	MONROE			2	
State Connecticut ZIP	Code + 4 06470	State	Connecticut		ZIP Code + 4	06468-1155	5
5. Position in labor organization.	fanager						
	mployees your organi	zation repres	ents or is actively	seeking to rep	resent.		
A. Held an interest in, engaged in transactions monetary value from an employer whose en	s (including loans) with, nployees your organi:	, or derived in zation repres	come or other ecor ents or is actively	nomic benefit o seeking to rep	of resent.		
6. Name and address of Employer (including trade	name, if any).		re of Interest, Transa	ection, or Income		ama naan aran a midaa arahaamama a baranaan a ra ar as as maan ar	
Name		N/A					:
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
		7.b. Amo	unt.				
Street							
City			: : : : : : : : : : : : : : : : : : :		\$0		
State ZIP	⁹ Code + 4		······				
		Signature					
15. Signature and verification. The undersigne submitted in this report (including the information undersigned's knowledge and belief, true, corre-	n contained in any accomp	panying docum	ents), has been exan	nined by the sign	w, that all of the in natory and is, to th	formation e best of the	
Signed Satruh a. D.	makue	On	2-24-06	203-48	52-679	· · · · · · · · · · · · · · · · · · ·	
			Date		Telephone Numb	er	

Name of Person Filing PATRICK DONAHUE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name LOCAL NO 488 IBEW EDUCATION TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 MAIN STREET City MONROE State Connecticut ZIP Code + 4 06488-1155	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PAID FOR REGISTRATION, TRAVEL, LODGING AND MEALS FOR THE FOLLOWING CONFERENCES: 2ND DISTRICT PROJ. MEETING (BRIDGEPORT, CT) \$95 CONST. MAINT. CONF. (WASH., DC) \$2214 CIR CONF. (WASH., DC) \$2146 IBEW MEMBER DEVEL. CONF. (LAS VEGAS, NV) \$2052
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$6,507 12.a. Nature of interest held or income received. N/A
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. N/A
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0

Name of Person Filing PATRICK DONAHUE	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name SO. CT IBEW HEALTH AND WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. MAIN STREET, STE. 2 City WALLINGFORD State Connecticut ZIP Code + 4 06492-7617	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PAID FOR TRAVEL, LODGING AND MEALS FOR THE MARCO CONFERENCE IN LAS VEGAS, NV
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,794
	12.a. Nature of interest held or income received.
	12.b. Amount.